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Bib Data Sheet

CONFIRMATION NO. 2723

SERIAL NUMBER 10/642,688	FILING OR 371(c) DATE 08/19/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. A8130.0110/P110
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/407,690 09/04/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 11/12/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	6	29	5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS
24998

TITLE

METHOD OF USING OFFSET DRILL GUIDE IN ARTHROSCOPIC SURGERY

FILING FEE RECEIVED 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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